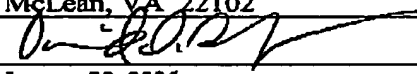
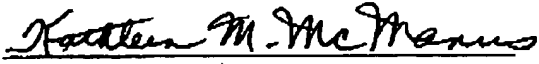


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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/622,772 |
| | | Filing Date | 07/21/2003 |
| | | First Named Inventor | Marc ROHRSCHEIDER |
| | | Group Art Unit | 3752 |
| | | Examiner Name | Christopher S. Kim |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | 740116-490 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. 8270 Greensboro Drive, Suite 850 McLean, VA 22102 |
| Signature |  |
| Date | January 30, 2006 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
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Docket No. 74116-490

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---------------------------------|--------------------------------------|
| In re Patent Application of: |) RESPONSE UNDER 37 CFR 1.116 |
| Marc ROHRSCHEIDER |) EXPEDITED PROCEDURE |
| Serial No. 10/622,772 |) EXAMINING GROUP 3752 |
| Filed: 07/21/2003 |) Examiner: Christopher S. Kim |
| For: FINGER OPERATED SPRAY PUMP |) Confirmation No. 4231 |

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Kathleen M. McManus

AMENDMENT AFTER FINAL

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Sir:

The following is presented in response to the final Office Action that was mailed on November 30, 2005, in connection with the above-captioned patent application.